

**INSTRUCTIONS FOR COMPLETING CONTRACT DOCUMENTS BETWEEN THE  
NCDA&CS, FOOD DISTRIBUTION AND  
PRIVATE INSTITUTIONS AND SOUP KITCHENS**

**PLEASE RETURN BOTH COPIES OF THE CONTRACT WITH ORIGINAL SIGNATURES (in blue ink)**

**TO:** NCDA&CS, Food Distribution, PO Box 659, Butner, NC 27509-0659

Pages 1-4 is called the "Contract Cover"

Page 1 of Contract

- Leave the contract number blank. Your contract number will be assigned and filled in by the Budget & Finance Department.
- If not already done so by NCDA&CS, FD; fill in Grantee's legal name as listed on the IRS 501(c)(3) form.
- Self explanatory- Fill in federal tax identification number, Grantee's physical address and county.
- Fill in Grantee's fiscal year beginning and ending date. (month/day) **DO NOT FILL IN THE YEAR.**

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**PAGE 1 (EXAMPLE)**

North Carolina Department of Agriculture and Consumer Services  
Food Distribution Division

CONTRACT # G20100000987DFC

**Private Institutions & Soup Kitchens** (Commodities Only)

This Agreement is hereby entered into by and between the **North Carolina Department of Agriculture and Consumer Services, Food Distribution**, (the "Agency") and **Fly by Night NonProfit**, (the Grantee) (referred to collectively as the "Parties"). This contract is for the purpose of receiving USDA donated commodities from the Agency, which will be used by the Grantee to feed the hungry and/or for the purpose of distributing USDA donated commodities. The Grantee's federal tax identification number is **123456789**, and the Grantee is physically located at **123 Fourth Street, Raleigh NC 11111-1111** and in **Wake County**.  
(Street Address, City, State, and nine digit zip code),

The Grantee's fiscal year begins in 1/1 and ends in 12/31.  
(Month/Day) (Month/Day)

**For the Grantee :**

- If your agency has a post office address, please fill in under “If Delivered by US Postal Service”
  - If Delivered by Any Other Means – fill in agency’s street address
  - **Don’t forget** to fill in Grantee’s telephone number, fax and email address.
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**Page 3 (EXAMPLE)**

**For the Grantee:**

IF DELIVERED BY US POSTAL SERVICE	IF DELIVERED BY ANY OTHER MEANS
Name : <u>Jack Boss</u> Title: <u>CEO</u> Company Name: <u>Fly by Night NonProfit</u> Post Office Address: <u>PO Box 668</u> City: <u>Raleigh</u> State: <u>NC</u> Zip: <u>11111-1111</u>	Name: <u>Jack Boss</u> Title: <u>CEO</u> Company Name: <u>Fly by Night NonProfit</u> Street Address: <u>123 Fourth St.</u> City: <u>Raleigh</u> State: <u>NC</u> Zip: <u>11111-1111</u>
<b>Required – Telephone:</b> <u>919-000-0000</u> <b>Fax:</b> <u>(919) 700-1234</u> <b>Email:</b> <u>jack.boss@yahoo.lol</u>	

- **WHO IS AUTHORIZED TO SIGN THE CONTRACT?**
- Requires two signatures: one from the **Board Chairman** and/or an **Executive Board member, Executive Director, CEO** or equivalent authorized representative that is allowed to prepare, approve and execute **ALL** financial documents. All signatures throughout the contract **must be signed in BLUE ink**. Fill in the dates and titles of each authorized representative.
- Fill in printed names of authorized representatives and date.
- Notarize, seal and fill in the date commission expires. (The notary cannot be a family member of anyone employed by the Grantee).
- Do not complete anything below the Notary's Information on page 5

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**Page 5 (EXAMPLE)**

**16. Signature Warranty:**

The undersigned represent and warrant that they are authorized to bind their principals to the terms of this contract.

**In Witness whereof**, the Grantee and the Agency have executed this Contract in duplicate originals, with one original being retained by each party.

Fly by Night NonProfit  
Name of Grantee Agency

\_\_\_\_\_  
Signature of Authorized Representative 3/1/2012  
Date

Jane Chairwoman Board Chair  
Printed Name of Authorized Representative Title

\_\_\_\_\_  
Signature of Second Authorized Representative 3/1/2012  
Date

Jack Boss CEO  
Printed Name of Second Authorized Representative Title

**ATTEST:**



**[Corporate Seal] or  
[Notary Seal]**

Sworn to and subscribed before on the day of the date of said certification.

\_\_\_\_\_  
(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_

**Attachment C**  
**Notice of Certain Reporting & Audit Requirements**

- Check off your level of funding. ☐ Level 1, ☐ Level 2, or ☐ Level 3. This will be a **total** of **all** state or federal pass through grants your agency received within a fiscal year – not just NCDA&CS, Food Distribution.
- Sign in **BLUE** ink by authorized representative, as described at the top of page 3 of instructions, fill in title, print name of authorized representative and date.

For additional information for online reporting go to <http://www.osbm.state.nc.us>. In left panel click on NCGrant – on top ribbon click “Help”, click on Grantee User’s Manual to download.

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**Page 12 (EXAMPLE)**

☐ Level 1: Less than \$25,000 – A Grantee that receives, uses, or expends State funds in an amount less than twenty-five thousand dollars (\$25,000) within its fiscal year must comply with the reporting requirements established by 9 N.C.A.C. Subchapter 3M including:

- (A) A certification completed by the Grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted; and
- (B) An accounting of the State funds received, used, or expended.

All reporting requirements shall be filed electronically with the Office of State Budget & Management (OSBM) within six months after the end of the Grantee's fiscal year in which the State funds were received.

☒ Level 2: \$25,000 up to \$500,000 - A Grantee that receives, uses, or expends State funds in an amount of at least twenty-five thousand (\$25,000) and up to five hundred thousand dollars (\$500,000) within its fiscal year must comply with the reporting requirements established by this Subchapter including:

- (A) A certification completed by the Grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted;
- (B) An accounting of the State funds received, used, or expended; and
- (C) A description of activities and accomplishments undertaken by the Grantee with the State funds.

All reporting requirements shall be filed electronically with the Office of State Budget & Management (OSBM) within six months after the end of the Grantee's fiscal year in which the State funds were received.

☐ Level 3: Greater than \$500,000 – A Grantee that receives, uses, or expends Federal and/or State funds and in the amount greater than five hundred thousand dollars (\$500,000) within its fiscal year must comply with the reporting requirements established by this Subchapter including:

- (A) A certification completed by the Grantee Board and management stating that the State funds were received, used, or expended for the purposes for which they were granted;
- (B) An audit prepared and completed by a licensed Certified Public Accountant for the Grantee consistent with the reporting requirement of this Subchapter; and
- (C) A description of activities and accomplishments undertaken by the Grantee with the State funds.

All reporting requirements shall be filed electronically with the Office of State Budget & Management (OSBM) within nine months after the end of the Grantee's fiscal year in which the State funds were received.

Fly By Night NonProfit  
Grantee Organization Name

\_\_\_\_\_  
Signature of Authorized Representative

Jack Boss  
Printed Name of Authorized Representative

CEO  
\_\_\_\_\_  
Title

3/1/2012  
\_\_\_\_\_  
Date

**Attachment D**  
**State Grant Certification – No Overdue Tax Debts**

- Grantee should complete on its organization's letterhead this certification for all state funds received.
- Insert:  
Date of Certification, Organization's name (as is on IRS 501(c)(3) letter), name of Board Chair, name of second authorizing official, title of second authorizing official, name of organization, city, Board Chair signature (in BLUE ink), signature of second authorizing official (in BLUE ink), Title of second authorizing official, notary signature, seal and date commission expires.
- State Contract Number to be filled in Budget and Finance.

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**Page 15 (EXAMPLE)**

March 1, 2012  
Date of Certification (mm/dd/yyyy)

**To: State Agency Head and Chief Fiscal Officer**

**Certification:**

We certify that the Fly by Night NonProfit does not have any overdue tax debts, as **Organization's name** defined by N.C.G.S. 105-243.1, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of N.C.G.S. 143C-6-23(c) is guilty of a criminal offense punishable as provided by N.C.G.S. 143-34(b).

**Sworn Statement:**

Jane Chairwoman and Jack Boss being duly sworn, say that we are the Board Chair and **Name of Board Chair** **Name of Second Authorizing Official**  
CEO, respectively, of Fly by Night NonProfit of Raleigh in the **Title of Second Authorizing Official** **Insert Name of Organization** **City**  
State of North Carolina, and that the foregoing certification is true, accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_  
Board Chair Signature

\_\_\_\_\_  
Signature of Second Authorizing Official

CEO  
Title of Second Authorizing Official

Sworn to and subscribed before me on the day of the date of said certification.



\_\_\_\_\_  
(Notary Signature and Seal)

My Commission Expires: \_\_\_\_\_

State Contract Number G20100000987DFC

**Attachment E**  
**IRS Federal Tax Exempt Letter and Certification of 501(c)(3) Form**

- Fill in Tax ID number
- Check box 501 (c)(3)
- Fill in Grantee's name
- Signature in blue ink of Board Chairman, Executive Director or other authorized official
- Date
- Notarize, seal, fill in date commission expires
- Fill in county of notary

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**Page 16 (EXAMPLE)**

ATTACHMENT E

**CERTIFICATION OF 501 (C) (3) OR OTHER  
NON-PROFIT STATUS**

123456789

Tax ID Number

We, the undersigned entity, hereby certify that the undersigned entity's ☐ 501(c)(3) or ☐ other non-profit status is on file as an attachment to our original contract number G20100000987DFC with the North Carolina Department of Agriculture and Consumer Services, (NCDA&CS) Division of The Emergency Food Assistance Program (commodities only), and is still in effect.

We further certify that our Organization has not entered into a name change since our original filing with the NCDA&CS, Division of The Emergency Food Assistance Program (commodities only). We understand that a name change will require a new filing of our IRS tax determination prior to the disbursement of any State funds.

**Fly by Night NonProfit**

Grantee (Name of Entity)

Jane Chairman

Signature of Board Chairman, Executive Director, or other Authorized Official

3/1/2012

Date

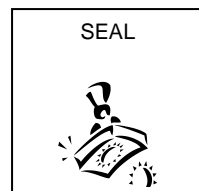
**NOTARY:**

Sworn to and subscribed before me on the day of the date of said certification.

\_\_\_\_\_  
(Notary Signature)

My Commission Expires: \_\_\_\_\_

County: Wake



**Attachment F**  
**Conflict of Interest Policy Certification**

- Fill in Grantee's name and date if not already filled in
- Fill in organization's effective date on their current "Conflict of Interest Policy"
- Fill in approved or adopted date of policy
- Check the appropriate box "Policy was approved by"
- In BLUE ink signature of authorized representative
- Date
- Fill in printed name of authorized representative
- Fill in Title

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**Page 17 (EXAMPLE)**

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Grantee Name

Date: \_\_\_\_\_

This is to certify that our organization's Conflict of Interest policy is still current.

The effective date of the policy is \_\_\_\_\_.  
(mo/day/yr)

The approved or adopted date of the policy is \_\_\_\_\_.  
(mo/day/yr)

The policy was approved by:

☐ Board of Directors

☐ Other \_\_\_\_\_ (Attach appropriate documentation.)

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Signature of Authorized Representative

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Printed Name and Title

**Attachment G**  
**Certifications and Assurances Section**

- Fill in Grantee's name and physical location
  - Fill in name and the actual address of buildings (or parts of buildings) or other sites where work under the grant
- 

**Page 23 (EXAMPLE)**

- A. The grantee must provide the location site(s) for the performance of work done in connection with the specific grant.

Place(s) of Performance (Street address, city, county, state, zip code)


**DRUG-FREE WORKPLACE - (GRANTEES WHO ARE INDIVIDUALS)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 7 CFR Part 3021, Subparts A, C, and E, for grantees, as defined at 7 CFR Part 3021:

- A. As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and
- B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to:

Notice shall include the identification number(s) of each affected grant.

**As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.**

GRANTEE ORGANIZATION NAME:	
PRINTED NAME AND <u>TITLE</u> OF AUTHORIZED REPRESENTATIVE:	
SIGNATURE:	DATE:
CONTRACT NUMBER:	



### Attachment H Supplemental Information Required for NC OpenBook

- Fill in DUNS number. If Grantee doesn't have a DUNS number you may request by phone (1-866-705-5711) or see attached instruction sheet.
- Leave contract number blank if not already filled in. This number is provided by the Budget and Finance Dept.
- Fill in legal name of Grantee if not already filled in by NCDA&CS.
- Fill in Grantee's Tax ID number.
- Fill in fiscal year end, (month/day)
- 1. Fill in Brief Description and Background/History of your Organization. Example provided below.
- 2. Project timeline is date of contract. Fill in if not filled in by NCDA&CS.
- 3. Expected outcomes and specific deliverables. Example provided below.
- 4. Fill in Grantee's WEB URL if applicable.
- 5.-7. Self explanatory. If you don't know Grantee's congressional district number you can find it at <http://www.house.gov>. In the upper right corner enter Grantee's zip code to find out congressional district number.

#### Page 24 (EXAMPLE)

DUNS Number: 987654321  
 Contract Number: G20100000987DFC  
 Grantee Name: Fly by Night NonProfit  
 TAX ID Number: 123456789  
 Fiscal Year Ends: 12/31

1. Brief Description and Background/History of your Organization.

Be sure to include the number of years in existence, number of employees, mission and goals of your organization.

FBNN was founded in 1980. It has 47 employees in Wake County and its mission is to serve families through a diverse spectrum of programs and services including our residential care, child development services, foster care, community support services, therapeutic recreation and others..

2. Current project timeline. Begin 7/1/12 End 6/30/13

3. Expected outcomes and specific deliverables.

#### EXPECTED OUTCOMES AND SPECIFIC DELIVERABLES

(Examples: 1. Increase in the number of households receiving commodities in additional four counties. 2. Provide approximately 150 meals to homeless victims. 3. Provide 250 lunch snacks to elementary school children, 4. Administrative funds will be used for pay for 60 hours of labor at \$12.00 per hour.)

FBNN will provide meals to approximately 650 people for a total of approximately 65,000 meals and snacks in our programs and services.

4. The Grantee's WEB URL: www.fbnpn.lol

5. \* Primary County of Performance. County Name: Wake  
**(CONGRESSIONAL DISTRICT # MUST BE IDENTIFIED)** Congressional District #: 13

6. \*\*County of Benefit: Single County: ☒ Yes ☐ No County Name: Wake  
 Statewide: ☐ Yes ☐ No  
 Regional: ☐ Yes ☐ No

7. If the answer to question number 6 is "Regional", list the counties receiving benefit.

\_\_\_\_\_  
 \_\_\_\_\_

### Signature Card Form

- Section I: Fill in effective date (beginning date of contract); fill in Grantee's legal name and federal tax ID number.
- Section II: Under Non-Profit Organizations Only, fill in Chairman of the Board of Directors printed name and signature in BLUE ink.

Under Financial Representative, fill in printed name and title; signature in BLUE ink.

#### Who is a Financial Representative?

A Financial Representative is not a title but can be the Executive Director, CEO, etc. A Financial Representative is any authorized representative that is allowed to sign off on contracts as well as prepare, approve and execute **ALL** financial documents. NCDA&CS will not accept signatures on this form from a Board Member who is **not** a member of the Executive Committee without documentation to the contrary, i.e. bylaws or board job description. This documentation must have who approved it and the date it was approved and/or effective. **WHOEVER SIGNS THE SIGNATURE CARD SHOULD BE THE SAME PERSON(S) THAT SIGN THE CONTRACTUAL DOCUMENTS.**

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### Page 25 (EXAMPLE)

SECTION I.	
Effective:	7/1/2012
Legal Applicant Organization / Agency Name:	Fly by Night NonProfit
Federal Tax Identification Number:	123456789
SECTION II.	
Certification: By affixing my signature below, I certify that person(s) identified below are designated having legal authorization to sign on behalf of the organization named in Section I., above, for purposes of executing contractual documents and preparing, approving and executing all financial documents; including "Requests for Payments". I understand the legal implications of any and all misrepresentation of an official for the sole purpose of defrauding the State of North Carolina.	
NON-PROFIT ORGANIZATIONS ONLY	
Chairman of the Board of Directors (Contract Documents)	Financial Representative Signature
Print Name and Title: Jane Chairwoman, Board Chair	Print Name and Title: Jack Boss, CEO
Signature:	Signature:
GOVERNMENTAL ENTITIES	
Appropriate Governmental Official (Secretary, Commissioner, Etc.)	Chief Fiscal Officer Signature
Print Name:	Print Name and Title: